

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: <u>8/26/04</u>	2 Serial/Patent # <u>10/733,442</u>
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3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			\$
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition		<u>5/19/04</u>	\$ 130.00
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other			\$

7 TOTAL AMOUNT OF REFUND \$

8 TO BE REFUNDED BY: 130.00

10 REASON:

Treasury Check

Overpayment

Credit Deposit A/C #:

Duplicate Payment

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No Fee Due (Explanation):

*Perpetrator granted*

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: CHARLENE GRANT

TITLE: Attorney

SIGNATURE: Charlene Grant

PHONE: 306-0251 CR

OFFICE: Patent Office

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APPROVED: Office of Finance

DATE: 8/27/04

Refln. Ref: 107-150030  
DAK:150030  
Date Number:107-150030  
FC: 9204

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B